



EJVES Extra Abstracts[☆]

Intraoperative Buttock Ischemia with Postoperative Necrosis following Infrainguinal Bypass Surgery

W. Al-Jundi, A. Durham-Hall, E. Oakley, J. Beard
Sheffield Vascular Institute, Northern General Hospital, Sheffield,
South Yorkshire, England, UK

Buttock necrosis is a rare presentation of severe pelvic ischaemia. It has been reported following open abdominal aortic repair and after internal iliac embolisation prior to endovascular treatment of aortic aneurysm. The internal iliac arteries are the major blood supply to the pelvis and buttocks. Collateral connections between the rectal and gluteal branches of the internal iliac artery and the deep femoral artery are well recognised. Iatrogenic interruption of this collateral circulation following rectal surgery resulting in limb ischaemia has been described. We present an exceptional case of buttock necrosis following infrainguinal bypass in a patient with bilateral internal iliac and left external iliac artery occlusions. The case is the first such reported to our knowledge.

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Extracranial Internal Carotid Artery Mycotic Aneurysm: A Case Report

D.K. Papadimitriou^a, N. Kamargiannis^b, G.A. Pitoulis^a, A. Pournaras^b,
E. Christakoudi^b, I.N. Vlachakis^a

^a Aristoteleion University of Thessaloniki, 2nd Department of
Surgery, Division of Vascular Surgery, G. Gennimatas Hospital, 41
Ethnikis Aminis str., 54635 Thessaloniki, Greece

^b Department of Otorhinolaryngology, G. Gennimatas Hospital,
Thessaloniki, Greece

Mycotic aneurysms of the extracranial carotid arteries (MCAs) are extremely rare. They usually appear as an enlarging pulsatile neck mass with no specific signs and symptoms, and they can lead to severe morbidity and mortality if left untreated. We report a case of a saccular thrombosed MCA in a 68-year-old man, presented as a non-pulsatile enlarging mass. The patient did not have any clinical signs of infection, and he was treated with resection of the MCA and synthetic patch reconstruction of the carotid bifurcation. Postoperative microbial cultures revealed *Streptococcus parasanguinis*. We review and discuss the literature

regarding the clinical presentation, diagnosis and treatment options of MCAs.

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Aneurysm of the Deep Circumflex Iliac Artery: A Rare Cause of Rectus Sheath Haematoma

K. Miyagi^a, M. Mulchandani^a, D.J.B. Marks^b, M. Mohamed^a

^a West Kent Vascular Centre, Medway Maritime Hospital,
Gillingham, Kent ME7 5NY, UK

^b Department of Medicine, University College London, London, UK

We describe the presentation and management of a case of rectus sheath haematoma secondary to spontaneous rupture of a deep circumflex iliac artery aneurysm. This was successfully treated with coil embolization. Such a case has never, to our knowledge, previously been reported.

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Late Survival After Endovascular Repair of an Aortobronchial Fistula

L. Ribé, J. Rio, J.L. Portero, L. Reparaz

Angiology and Vascular Surgery Department, University Hospital
"Gregorio Marañón", C/ Dr. Esquerdo 46, 28007, Madrid, Spain

We present an interesting case of a patient who underwent initial open repair of a descending thoracic aortic aneurysm in 1996, who subsequently had a pseudo-aneurysm that arose from his prosthetic graft, which was repaired with open surgery in 1998. He then developed a second pseudo-aneurysm with an aortobronchial fistula. This was successfully treated with an endovascular stent graft in 1999. The patient has survived 10 years after this procedure.

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